



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



ANNUAL REPORT
ON PUBLIC HEALTH PREPAREDNESS

Submitted to
Governor Dannel P. Malloy
and the Connecticut General Assembly

by the
Connecticut Department of Public Health
Public Health Preparedness Advisory Committee

December 31, 2012

In accordance with Connecticut General Statutes, Section 19a-131g, the Connecticut Department of Public Health (DPH) and the Public Health Preparedness Advisory Committee do hereby submit a status report on public health emergency preparedness planning in Connecticut.

PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

Maryann Cherniak-Lexius, Director of Health for the Manchester Health Department and Jim Paturas, System Manager with the Yale-New Haven Center for Emergency Preparedness and Disaster Response continued as Co-Chairs, respectively. Maryann Cherniak-Lexius serves as the Committee's representative on the DEMHS Advisory Council.

The Advisory Committee met three times during the year. The January 2012 meeting included presentations and discussion of the Two Storm Panel Report as it related to public health and health care. The July meeting included a presentation by Marcia A. Testa, MPH, PhD from Harvard University on the Connecticut Public Health Hazard Vulnerability Analysis. There was also a presentation by DPH staff on the new 5-year cooperative agreement strategies. A presentation by DPH staff on hospital coalitions and best practices in Connecticut was the topic for discussion at the October meeting.

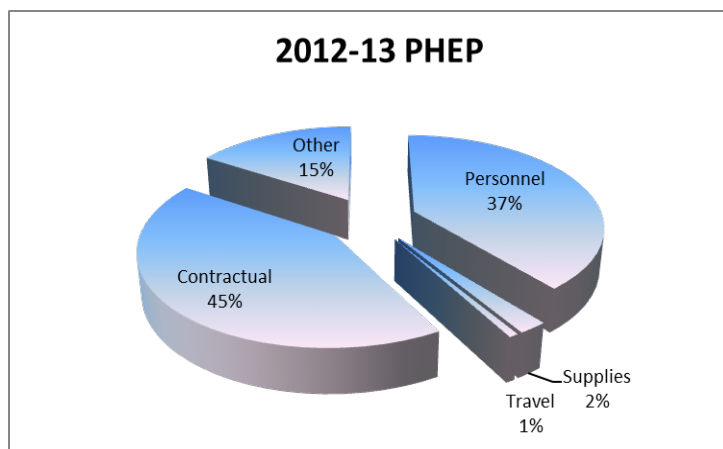
STATUS OF PUBLIC HEALTH PREPAREDNESS FUNDING FOR CONNECTICUT

DPH oversees public health preparedness funding from two sources within the Department of Health and Human Services: the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness Response (ASPR). A new 5-year cycle began July 1, 2012 for the two cooperative agreements, CDC's Public Health Emergency Preparedness (PHEP) and ASPR's Hospital Preparedness (HPP) programs. A total of \$12 million was appropriated to Connecticut for the 2012-13 budget period; \$7.3 million in public health all-hazards funding, \$595,000 for the Cities Readiness Initiative (CRI) to enhance the state's ability to dispense medical countermeasures, and \$4.2 million for hospital and health care system preparedness.

Connecticut is required to contribute 10% (or \$1.2 million) in matching funds for the cooperative agreements. Federal legislation also requires states to institute

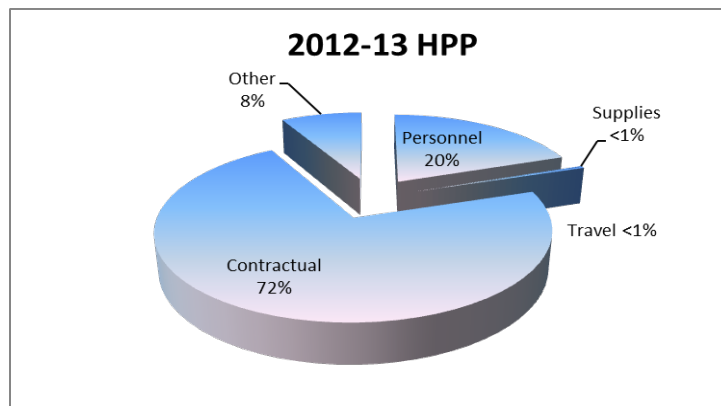
maintenance of effort to sustain preparedness activities. Failure to do so will impact the level of future federal funding.

As the chart to the left illustrates, the majority of PHEP funding (45%) was allocated to contracts. DPH issued contracts to the 50 full-time local health departments/districts totaling \$3.5 million. Funding to local health represents 97% of all contractual funds and 44% of all PHEP funding.



Funds (37%) are also utilized to support 23.5 FTEs at DPH to carry out preparedness activities required by the cooperative agreement. The 15% of funds in the “Other” category represents maintenance agreements for lab equipment and information technology as well as risk communication, including media campaigns.

The majority of HPP funding (72%) was allocated to contracts. Funding is directly provided to the 30 acute care hospitals and 4 specialty hospitals. Additional funding support is provided to Hartford Hospital and Yale Healthcare System, which provide planning coordination and technical support to hospitals in each of the DEMHS regions. Contracts are also provided to community health centers, school-based health centers, centers serving children with special health care needs, the Poison Control Center, local Medical Reserve Corps, and the Department of Mental Health and Addiction Services.



PROGRAMMATIC CHANGES

A. Preparedness Capabilities



In March 2011, CDC implemented a systematic process for defining a set of public health preparedness capabilities to assist state and local health departments with strategic planning. The resulting body of work, [*Public Health Preparedness Capabilities: National Standards for State and Local Planning*](#), creates national standards to assist in identifying gaps in preparedness, determining specific priorities, and developing plans for building and sustaining capabilities. In January 2012, ASPR published [*The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*](#). The eight healthcare

system capabilities align with the 15 public health capabilities and provide national standards for state and local hospitals and healthcare coalitions. Both sets of standards reflect objectives of the [*National Preparedness System*](#) as outlined in Presidential Policy Directive 8 and the [*National Health Security Strategy*](#).

B. Alignment of Preparedness Funding Programs

In response to White House National Security Staff requesting better alignment of federal emergency preparedness grant programs, CDC, ASPR, FEMA, DOT, and HRSA are collaborating to streamline administrative processes and improve emergency response. A result of this collaboration was the alignment of the PHEP and HPP cooperative agreements in 2012 that involved a joint funding opportunity announcement and application process, joint capabilities, and integrated technical assistance and program oversight. CDC and ASPR are working with FEMA to better align capabilities

and funding priorities between public health and healthcare, and emergency management.

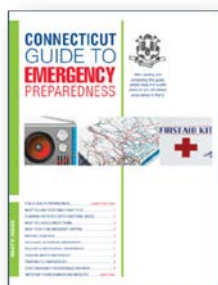
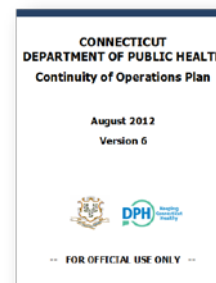
C. Mechanism for Emergency Response Funding

The PHEP Cooperative Agreement includes a separate mechanism for awarding emergency response funding that may be issued as supplemental awards in the event of a pandemic or an all-hazards public health emergency in one or more jurisdictions. Specific implementation activities and requirements for emergency supplemental funding would be issued at the time of the event. Having response funds linked directly to the cooperative agreement would streamline the application process and expedite funding to the state in the event of an emergency.

KEY ACCOMPLISHMENTS

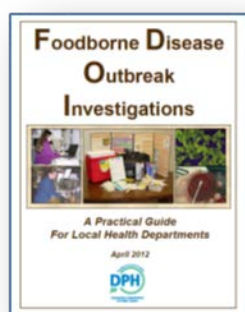
A. Planning

- The Public Health Preparedness Advisory Committee and Public Health Preparedness Management Team recommended Emergency Operations Coordination, Emergency Public Information and Warning, and Information Sharing as the three priority capabilities in 2011-12 for both cooperative agreements.
- The Department's Continuity of Operations plan was revised in August 2012 to address all hazards and include planning elements required by the CDC. The Plan identifies critical functions of the Department and the procedures in place to keep those functions operational during an emergency.
- In response to new requirements under the cooperative agreements, DPH contracted with the Harvard Center for Public Health Preparedness to conduct a statewide Hazard Vulnerability Analysis. Results of the analysis will be available in early 2013, which will be used to prioritize ongoing planning efforts.



- An assessment of prior media campaigns was conducted to determine the best methods to reach target audiences, components that were most effective, and level of individual and family preparedness. A total of 504 Connecticut residents were interviewed in focus groups. Results indicated that television and radio were most effective in reaching residents and recent events played a large factor in a person's interest in preparedness. This suggests media campaigns after an event, such as Hurricane Sandy, would be the most effective. DPH conducted two preparedness media campaigns focusing on television, radio and internet advertising during the most active part of the Northeast region's hurricane season and after Hurricane Sandy consistent with the assessment's findings.

- Procedures and protocols for communicating with visually and hearing impaired individuals were added to the Crisis and Emergency Risk Communication Plan. In addition, DPH is collaborating with the Department of Rehabilitation Services on the development of a preparedness video for hearing impaired individuals.
- DEMHS Region 3 was recognized by the National Association of County and City Health Officials (NACCHO) as Public Health Ready. Project Public Health Ready is a competency-based assessment and recognition program for local health agency preparedness. Local health agencies in the remaining four DEMHS regions will be submitting applications to the program in spring 2013. PHEP funds were allocated to assist with the application process in each region.
- Local health agencies provided data for Community Preparedness, Community Recovery, Emergency Public Information and Warning, and Mass Care performance measures. Survey results were documented in a final report that will be used as guidance when developing strategies to enhance capabilities.
- Technical Assistance Reviews were conducted for all local mass dispensing areas in the state. Overall scores increased by more than 10%. All mass dispensing areas also met requirements for planning and performance drills under the City Readiness Initiative.
- The state's Strategic National Stockpile Plan was evaluated by the CDC and received a score of 97 out of a possible 100.



- The Food Protection Program published, *Foodborne Disease Outbreak Investigations - a Practical Guide for Local Health Departments*, to improve outbreak investigation outcomes. The document contains protocols for conducting an effective outbreak investigation, implementing control measures, and developing mitigation strategies in response to an outbreak. The outbreak manual has been distributed to the 74 local health directors and 178 certified food inspectors.
- In response to Tropical Storm Irene and the rare October Nor'easter in 2011, DPH developed posters and handouts on carbon monoxide poisoning and food safety in the event of a power outage. The materials were focus tested with low-literacy adults residing in urban areas, a population which is often disproportionately affected by emergencies. As a result of the focus testing, easy-to-read materials with images to help illustrate points were developed and translated into nine languages. The materials were available electronically for Hurricane Sandy and are currently being printed so that they may be pre-staged throughout the state in the event of another major power outage.

B. Training



- DPH continued to coordinate training and educational activities with the Public Health Emergency Response Learning Centers at Columbia and Harvard Universities. Both universities offer training and assessment services through funding provided by the CDC.
- DPH trained 120 employees in the Incident Command System completing courses in IS 100-Introduction to Incident Command and IS 700-Introduction to the National Incident Management System.
- Four sessions of Hazmat Awareness Training were conducted for public health and healthcare system professionals, which is a requirement for FEMA's Emergency Responder Credentialing System for Medical and Public Health.
- Five sessions of After Action Report and Improvement Plan development (components of the Homeland Security Exercise Evaluation Program) were conducted.
- An annual Laboratory Preparedness Conference was held on June 28, 2011 and 17 sentinel laboratory employees from around the state attended.
- The Laboratory Evidence Control Officer and Liaison conducted a total of 14 Packaging and Shipping of Infectious Substances classes around the state attended by 116 laboratory employees.
- DPH conducted 10 sessions of WebEOC training to 75 DPH, local health, hospital and EMS staff.
- DPH conducted 2 sessions of training on the Local Health Management System to 14 state and local public health staff.
- DPH contracted with United Way of Connecticut, Inc. to conduct customer service trainings for call center operators in the event of an emergency or crisis. Over 100 call center operators were trained to manage calls in the event of an emergency or crisis.
- DPH conducted a training session on Crisis and Emergency Risk Communications for health educators and public information officers in the event of an emergency or crisis. Eight more training sessions are scheduled for 2013.

C. Exercises

- DPH successfully responded to a no-notice, after-hours notification and assembly exercise in the required time frame.
- DPH successfully produced Incident Action Plans in exercises and real events for each operational period. After Action Reports and Improvement Plans were developed for one exercise and one real event within the required time frame.

- DPH conducted 23 notification drills of ICS staff, including 15 unannounced, 7 after hours, 8 during business hours, and 3 associated with formal drills.
- All 31 sentinel laboratories participated in a functional exercise held on 10/17/11 involving a clinical case accompanied by stained slide for identification. All 31 sentinel laboratories participated successfully with an average turnaround time of 6-8 hours.
- The 9th First Responder Training was held in April 2012 with 193 professionals attending. The FBI Weapons of Mass Destruction (WMD) Coordinator led a tabletop in the morning that involved a *Yersinia pestis* scenario, the causative agent of plague. The afternoon session consisted of speakers from the FBI and the Poison Control Center who addressed specific aspects of the scenario. This annual program is sponsored by the DPH Bioterrorism Response Laboratory in partnership with the FBI, CT State Police Emergency Services Unit, 14th Civil Support Team and the Poison Control Center.
- DPH staff participated in the Governor's Statewide Hurricane Exercise that was conducted July 28 through 31, 2012. DPH activated incident command, participated as part of unified command at the SEOC, developed messaging for the general public on public health impacts of a hurricane, and tested communications between DPH, local health agencies, and the healthcare system.
- DPH participated in a federally-evaluated, interagency drill that exercises the state's response in the event of a nuclear release at the Millstone Power Plant. This year's drill involved a hostile action scenario. A rehearsal drill was conducted on July 17, 2012 in preparation for the evaluated drill held August 21, 2012.
- The Food Protection Program sponsored a two-day tabletop exercise to help build the capability to prevent, protect against, respond to, and recover from a food emergency. Sixty- seven participants attended the training including local health directors, certified food inspectors, infection prevention specialists, food service directors, and members of the food industry. The training was a US Food and Drug Administration [Food Related Emergency Exercise Bundle \(FREE-B\)](#) exercise. FREE-B is a compilation of scenarios based on both intentional and unintentional food contamination events.



D. Response to Hurricane Sandy

- Responded in coordination with the Governor's Office, other State agencies, local public health agencies, the healthcare system, and Federal partners to assure public health and safety for state residents.

- Staffed the public health desk at the SEOC on a 24-hour basis.
- Participated in the Mass Care and Water Task Forces
- Seven press releases were issued to address public health impacts of storm: food safety, drinking water, sewage, mold, carbon monoxide poisoning, and medication safety.
- Easy-to-read posters and handouts on carbon monoxide poisoning and food safety during power outages with images to help illustrate points were translated into nine languages and made available electronically prior to the storm.
- Preparedness messages were posted on social media such as Facebook and Twitter. A web page accessible from DPH homepage was established for the event and included public health messaging for the public as well as guidance for public health/healthcare partners. More than 7,500 visits were made to the web page between October 26th and November 8th.
- Operational status of hospitals, community health centers, EMS, long-term care facilities, day care providers, and local health agencies were monitored via WebEOC, electronic messaging, daily teleconferences and individual telephone calls.
- A waiver consent agreement permitting nursing facilities to surge licensed bed capacity by 10% was approved by legal staff.
- DMAT team was federalized and partially activated for a mission in NYC.
- An advisory was disseminated to all EMS providers and regional communication centers regarding transport destinations.
- Surveillance of hospital and emergency department activity was monitored daily for carbon monoxide poisoning, increases in motor vehicle accidents, gastro-intestinal illness, injury and asthma.
- Monitored reports from medical practices with a loss of state- issued vaccines in their possession as a result of power loss.
- Direct contact was made with all public drinking water providers in coastal slosh zones. Operational status of drinking water systems were monitored and boil water advisories were issued as needed.
- Assistance to local health agencies for inspecting food establishments that were closed due to power outages was successfully coordinated at the regional level.
- The Long Term Care Mutual Aid Program for coordination of resources was activated in Regions 1, 3, 4 and 5. The Program provided an efficient and effective method for DPH to monitor status of nursing facilities during the event.
- WIC providers were contacted and operational status monitored.



- Components of Mobil Field Hospital unit deployed to National Guard for assisting with commodities distribution. DPH personnel assisted and directed deployment.

E. Public Health and Healthcare System Infrastructure

- The Laboratory completed its system-wide implementation of the new Laboratory Information Management System (LIMS), concluding with a total of 593 test codes. The Laboratory continued to interface instruments and automate test processes within LIMS, including the Chemical Terrorism program.
- Processes and protocols for accessing electronic surveillance data were developed and piloted with 10 local health agencies. Access to the electronic system allows 'real-time' access to reportable disease data resulting in more timely, efficient follow up and public health intervention.
- DPH piloted the new electronic laboratory reporting system with one large commercial lab and two hospitals.
- The Food Protection Program is integrating the Foodborne Illness Complaint System (FICS) system into a web-based platform already in use by DPH. During the year, 48 local health departments reported 245 individual complaints of illness. The new data system would allow local health agencies to enter complaint information directly, reducing the time needed to evaluate and respond to the complaints.
- Regional Emergency Support Function (RESF) 8 comprised of public health and healthcare services professionals continued to meet on a regular basis in each DEMHS region. The meetings are utilized to review and enhance support plans, identify areas where coordination with or support from other ESFs is needed, plan regional exercises, and identify funding needs.

CONCLUSION

The Connecticut Department of Public Health works in collaboration with the Public Health Preparedness Advisory Committee and its members' constituencies to prepare for and respond to any kind of emergency that affects the public's health and safety. The partnerships have been fostered over the past decade thanks, in part, to federal funding requirements, but more importantly to the commitment of local health agencies, hospitals, nursing facilities, other healthcare providers, drinking water systems, laboratories, and community organizations that support the public health system. The system has met a number of challenges successfully, both in training and in real emergencies. Plans for sharing public health and healthcare resources through a regional infrastructure have proven successful during recent events and funding will continue to be allocated to strengthen this collaboration.